

CALIFORNIA STATE PERSONNEL BOARD
SPECIAL TESTING ARRANGEMENTS FOR L.E.A.P. CANDIDATES
QUESTIONNAIRE
SPB-351A (12/98)

You may be asked to provide verification of your disability if the information is needed to determine what assistance can be provided.

NAME

Home Phone (Indicate if TDD #)

MAILING ADDRESS

Work Phone (Indicate if TDD #)

EXAMINATION TITLE

1. How does your disability or medical condition limit your participation in this examination?

2. Do you use an assistive device(s) which you wish to use during a written and/or verbal examination? ☐ **Yes** ☐ **No**

If "Yes", please describe:

3. Do you need a test site which is wheelchair accessible and/or a site free of mobility barriers? ☐ **Yes** ☐ **No**

Comments:

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4. Below is a list of typical tasks that may be included in a written, verbal or performance examination. Please indicate the task(s) that you may need assistance with while taking an examination.

TASK

Describe Assistance Needed
(For example: "sign language interpreter", etc.)

A. Hearing instructions and questions

A. _____

B. Asking or answering questions

B. _____

C. Sitting at a standard height table or desk (about 27" from floor to table.)

C. _____

Other Task(s) not previously listed that you may need assistance during an examination

Task

Describe Assistance Needed

5. Additional Comments:

Applicant's

Signature _____ Date _____

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We **must receive** your answers to the Questionnaire in writing within 7 days from the postmark on the envelope in order to help you with any accommodations. If your answers are not received **in our office** by the due date, you will take this examination without any special accommodations.

This Special Testing Arrangements Questionnaire will be kept in a Confidential file at the State Personnel Board.

Requesting testing accommodations will have **NO** effect on your score in the examination.

Please return the completed questionnaire as soon as possible.